RI SOS Filing	Number: 201	752709360	Date: 11/	/1/2017 4:00:00 F	PM		
State of Rhode Island and	Providence Planta	ations			<u> </u>		
Department of State	te - Business	Services Di	vision				
Annual Report for the yea Corporation	n: <u>201</u>	7					
→ Filing period: January 1 - Ma	arch 1						
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	e if form is not file	ad hv Anzil 1					
1. Entity ID Number	2. Exact name of				_		
37007	Kiek	REALTY	07	4			
	ROAD		CRAN	Notes	State	·	02920
4. NAICS Code	l 🗻 🖰		_	onducted in Rhode Isl			
531390	REAL	ESTATE	TNVA	STMENTS	1		
5. State of Incorporation	1,0110	P = (· () •	, 11°°C	- 10 mg/ -			
7. List ALL officers (names and add	resses)		l. s - s		ne box to ii	ndicate an	attachment 🔲
President Name DONALD T	Vice-President	Name					
Street Address 169 BEECHWOOD DRIVE			Street Address				
city CRANSTON		15680	City	—— / / / ! ! !	State	Ž	Zip
Secretary Name PAUL J. KRIKORIAN			Treasurer Name PAUL J. KRIKORIAN				
Street Address 30 STAR FISH DRIVE			Street Address 30 STARFISH DRIVE				
City NARRAGANEETT	State	02882	CITYNARR	HOAMETT	State	- [Z	^{Zip} 01882
8. List ALL directors (names and ad Director Name	dresses)		Director Name	Check the	ne box to i	ndicate ar	attachment
DONALD J. KRIKORIAN			Director Name				
Street Address 69 BEECH WOOD DRIVIE			Street Address				
CITYCRANGTON	State RT	02921	City	'	State	2	Ž ip
Director Name			Director Name				
Street Address VV			Street Address				
City	State	Zip	City	47 1	State	Z	Zip
9. Shares Authorized	·	10. Shares Issue	l d	Check the	ne box to in	ndicate an	attachment
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
Changes require an additional filing.		1200		NONE		NO PAR VALVE	

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

statements, and that all statements contained herein are true and correct.

Name of Authorized Representative

KÚV 01 2017

MAIL TO:

Division of Business Services

Signature of Authorized Representa

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov